

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34127

1. PLACE OF DEATH

County Madison  
Township Jackson  
City Unionville (No. ....)

Registration District No. 718  
Primary Registration District No. 5949

File No. ....  
Registered No. 32  
St. .... Ward)

2. FULL NAME

(a) Residence, No. George W. Acre St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harratt Acre Doe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-29-1842

7. AGE YEARS 91 MONTHS 4 DAYS 23 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Robert Acre

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Anna Vanamath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT G. D. Acre (ADDRESS) Unionville

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. H. Acre DATE Oct. 24 1933

19. UNDERTAKER G. D. Acre (ADDRESS) Unionville

20. FILED Oct 23 1933 G. D. Acre Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 1933 to Oct. 23 1933  
I last saw him alive on Oct. 12 1933 Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
hypertensive pneumonia  
Date of onset Oct. 12

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) G. D. Acre M. D.  
(Address) Unionville Mo

